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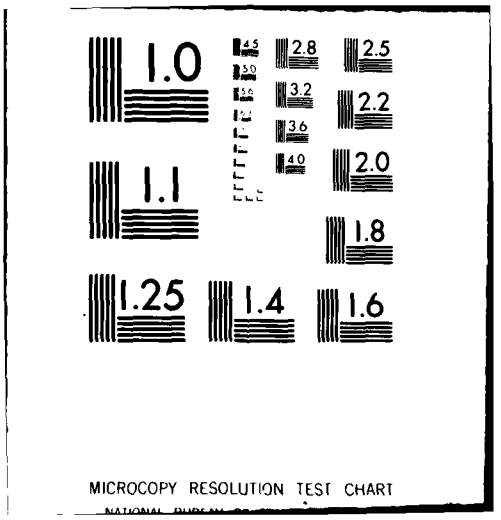
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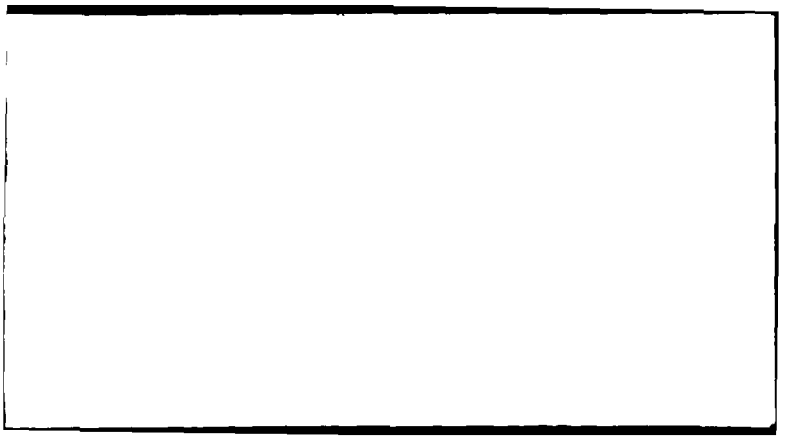

APPENDIX 39.

COMPETENCY CURRICULUM FOR PHYSICAL THERAPY ASSISTANT

APPLICATION OF A SYSTEM APPROACH
U.S. NAVY MEDICAL DEPARTMENT
EDUCATION AND TRAINING PROGRAMS
FINAL REPORT

August 31, 1974

Prepared under Contract to
OFFICE OF NAVAL RESEARCH
U.S. DEPARTMENT OF THE NAVY

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Program Manager
Education and Training R&D
Bureau of Medicine and Surgery (Code 71G)

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Nurse Training	Task Analysis
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20. ABSTRACT (Continue on reverse side if necessary and identify by block number)

The study objective consisted of a determination of what the health care personnel in the Navy's Medical Department, Bureau of Medicine and Surgery actually do in their occupations; improving the personnel process (education and training); and building a viable career pathway for all health care personnel. Clearly the first task was to develop a system of job analyses applicable to all system wide health care manpower tasks. A means of postulating simplified occupational clusters covering some 50

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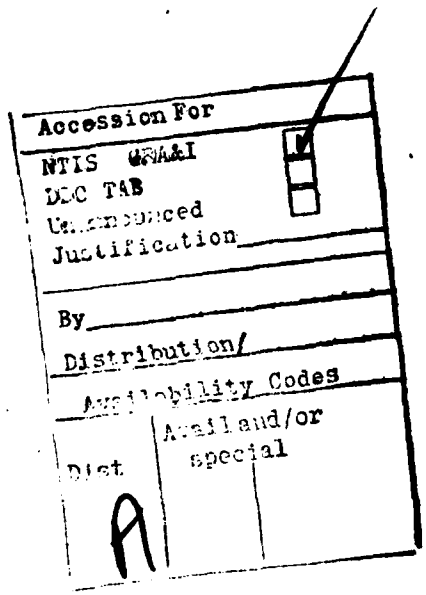
currently designated Navy enlisted occupations, 20 Naval Enlisted Classification Codes (NEC's) were computerized. A set of 16 groupings that cover all designated occupations was developed so as to enhance the effectiveness of professionals and sub-professionals alike.



FOREWORD

The project, "Application of a System Approach to the Navy Medical Department Education and Training Programs," was initiated in May of 1969 as a realistic, comprehensive response to certain objectives set forth in ADO 43-03X, and to memoranda from both the Secretary of Defense and the Assistant Secretary of Defense, Manpower and Reserve Affairs. The Secretary's concern was stated in his memorandum of 29 June 1965, "Innovation in Defense Training and Education." More specific concerns were stated in the Assistant Secretary's memorandum of 14 June 1968, "Application of a System Approach in the Development and Management of Training Courses." In this he called for "vigorous and imaginative effort," and an approach "characterized by an organized training program with precise goals and defined operational interrelation among instructional system components." He also noted, "Job analyses with task descriptions expressed in behavioristic terms are basic and essential to the development of precise training goals and learning objectives."

The Project

System survey and analysis was conducted relative to all factors affecting education and training programs. Subsequently, a job-analysis sub-system was defined and developed incorporating a series of task inventories ". . . expressed in behavioristic terms . . ." These inventories enabled the gathering of job activity data from enlisted job incumbents, and data relating to task sharing and delegation from officers of the Medical, Nurse and Dental Corps. A data management sub-system was devised to process incumbent data, then carry out needed analyses. The development of initial competency curricula based upon job analysis was implemented to a level of methodology determination. These methods and curriculum materials constituted a third (instructional) sub-system.

Thus, as originally proposed, a system capability has been developed in fulfillment of expressed needs. The system, however, remains untested and unevaluated. ADO 43-03X called for feasibility test and cost-effectiveness determination. The project was designed to so comply. Test and evaluation through the process of implementation has not proved feasible in the Navy Medical Department within the duration of the project. As designed and developed the system does have " . . . precise goals and defined operational interrelation among instructional system components." The latter has been achieved in terms of a recommended career structure affording productive, rewarding manpower utilization which bridges manpower training and health care delivery functions.

Data Management Sub-System

Job analysis, involving the application of comprehensive task inventories to thousands of job incumbents, generates many millions of discrete bits of response data. They can be processed and manipulated only by high speed computer capability using rigorously designed specialty programs. In addition to numerical data base handling, there is the problem of rapidly and accurately manipulating a task statement data base exceeding ten thousand carefully phrased behavioral statements. Through the use of special programs, task inventories are prepared, printouts for special purposes are created following a job analysis application, access and retrieval of both data and tasks are efficiently and accurately carried out, and special data analyses conducted. The collective programs, techniques and procedures comprising this sub-system are referred to as the Navy Occupational Data Analysis Language (NODAL).

Job Analysis Sub-System

Some twenty task inventory booklets (and associated) response booklets) were the instruments used to obtain job incumbent response data for more than fifty occupations. An inventory booklet contains instructions, formatted questions concerning respondent information ("bio-data"), response dimension definitions, and a list of tasks which may vary in number from a few hundred to more than a thousand per occupational field.

By applying NODAL and its associated indexing techniques, it is possible to assemble modified or completely different inventories than those used in this research. Present inventories were applied about three years ago. While they have been rendered in operational format, they should not be reapplied until their task content is updated.

Response booklets were designed in OPSCAN mode for ease of recording and processing responses.

Overall job analysis objectives and a plan of administration were established prior to inventory preparation, including the setting of provisional sample target sizes. Since overall data attrition was forecast to approximate twenty percent, final sample and sub-sample sizes were adjusted accordingly. Stratified random sampling techniques were used. Variables selected (such as rating, NEC, environment) determined stratifications, together with sub-population sizes. About fifteen percent of large sub-populations were sought while a majority of all members of small sub-populations were sought.

Administration procedures were established with great care for every step of the data collecting process, and were coordinated with sampling and data analysis plans. Once set, the procedures were formalized as a protocol and followed rigorously.

Instructional Sub-System

Partial "competency curricula" have been composed as an integral sub-system bridging what is required as performance on the job with what is, accordingly, necessary instruction in the training process. Further, curriculum materials were developed to meet essential requirements for implementing the system so that the system could be tested and evaluated for cost effectiveness. However, due to the fact that test and evaluation was not feasible in the Navy Medical Department within the duration of the project, it was not possible to complete the development of the system through the test and evaluation phase. The inability to complete this phase also interrupted the planned process for fully developing the curricula; therefore, instead of completed curricula ready for use in the system, the curricula were partially developed to establish the necessary sub-system methodology. The competency curricula are based on tasks currently performed by job incumbents in 1971. (The currency of a given curriculum depends upon periodic analysis of incumbents' jobs, and its quality control resides in the evaluation of the performance competency of the program's graduates.)

A competency curriculum provides a planned course of instruction or training program made up of sequenced competency units which are, in turn, comprised of sequenced modules. These modules, emphasizing performance objectives, are the foundation of the curriculum.

A complete module would be comprised of seven parts: a cluster of related tasks; a performance objective; a list of knowledges and skills implied by the objective; a list of instructional strategies for presenting the knowledges and skills to the learner; an inventory of training aids for supporting the instructional strategies; a list of examination modes; and a statement of the required training time. In this project, curriculum materials have been developed to various levels of adequacy, and usually comprise only the first three parts; the latter four need to be prepared by the user.

The performance objective, which is the most crucial part of the module, is the basis for determining curriculum content. It is composed of five essential elements: the stimulus which initiates the behavior; the behavior; the conditions under which the behavior takes place; the criteria for evaluating the behavior; and the consequence or results of the behavior. A sixth element, namely next action, is not essential; however, it is intended to provide linkage for the next behavior.

Knowledges and skills listed in the module are those needed by the learner for meeting the requirements of the performance objective.

Instructional strategies, training aids, examination modes and training time have been specified only for the Basic Hospital Corps Curriculum. The strategies, aids and modes were selected on the basis of those considered to be most supportive in presenting the knowledges and skills so as to provide optimum learning effectiveness and training efficiency. The strategies extend from the classroom lecture as traditionally presented by a teacher to the more sophisticated mediated program for self-instruction. The training aids, like strategies, extend from the traditional references and handout material in the form of a student syllabus to mediated programs for self-instruction supported by anatomical models. Examination modes extend from the traditional paper and pencil tests to proficiency evaluation of program graduates on the job, commonly known as feedback. Feedback is essential for determining learning effectiveness and for quality control of a training program. The kind of instructional strategies, training aids and examination modes utilized for training are limited only by such factors as staff capability and training budget.

The training time specified in the Basic Hospital Corps Curriculum is estimated, based upon essential knowledge and skills and program sequence.

The competency curriculum module, when complete, provides all of the requirements for training a learner to perform the tasks set forth in the module. A module may be used independently or related modules may be re-sequenced into modified competency units to provide training for a specific job segment.

Since the curricula are based upon tasks performed by job incumbents in 1971, current analysis of jobs needs to be accomplished using task inventories that have been updated to reflect changes in performed tasks. Subsequent to job analysis, a revision of the curricula should be accomplished to reflect task changes. When the foregoing are accomplished, then faculty and other staff members may be indoctrinated to the competency curricula and to their relationship to the education and training system.

In addition to the primary use for the systematic training of job incumbents, these curricula may be used to plan for new training programs, develop new curricula, and revise existing curricula; develop or modify performance standards; develop or modify proficiency examinations; define billets; credentialize training programs; counsel on careers; select students; and identify and select faculty.

The System

Three sub-systems, as described, comprise the proposed system for Education and Training Programs in the Navy Medical Department. This exploratory and advanced developmental research has established an overall methodology for improved education and training incorporating every possible means of providing bases for demonstrating feasibility and cost effectiveness. There remains only job analysis sub-system up-dating, instructional sub-system completion, and full system test and evaluation.

Acknowledgements

The authors wish to acknowledge the invaluable participation of the several thousands of Naval personnel who served as respondents in inventory application. The many military and civilian personnel who contributed to developmental efforts are cited by name in the Final Report.

The authors also wish to acknowledge former colleagues for singularly important contributions, namely, Elias H. Porter, Ph.D., Carole K. Kauffman, R.N., M.P.H., Mary Kay Munday, B.S.N., R.N., Gail Zarren, M.S.W., and Renee Schick, B.A.

Identity and acknowledgement of the project Advisory Group during the project's final year is recorded in the Final Report.

Lastly, the project could not have been commenced nor carried out without the vision, guidance and outstanding direction of Ouida C. Upchurch, Capt., NC, USN, Project Manager.

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COMPETENCY CURRICULUM FOR

PHYSICAL THERAPY ASSISTANT

Competency: PHYSICAL THERAPY ASSISTANT (PTA)

COMPETENCY UNIT I: PHYSICAL AGENTS

This unit includes the following modules:

Competency: PHYSICAL THERAPY ASSISTANT (PTA)

Unit I: Physical Agents

MODULE 1: AREA PREPARATION

TASKS

a. Prepare area for treatment
b. Set up equipment
c. Collect essentials required for treatment

PERFORMANCE OBJECTIVE

(Stimulus)	When assigned by physical therapist
(Behavior)	The PTA will prepare area for treatment, set up equipment and collect essentials necessary for treatment
(Conditions)	Without supervision; using equipment and materials required for treatment, e.g., shortwave diathermy machine, laboratory timer, plinth examination table, pillows, linens, towels
(Criteria)	All materials are gathered and placed appropriately to facilitate patient transfer and preparation of patient for treatment; machines are plugged in
(Consequence)	Area is prepared for patient treatment
(Next Action)	Transport patient to area

KNOWLEDGES AND SKILLS

Types of PT modality equipment and materials, e.g., shortwave diathermy machine, laboratory timer, plinth examination table, pillows, linens, towels
Patient's disability
Equipment safety precautions

Competency: PHYSICAL THERAPY ASSISTANT (PTA)

Unit I: Physical Agents

MODULE 2: PATIENT TRANSFER

TASKS a. Transfer patient

PERFORMANCE OBJECTIVE

(Stimulus)	When assigned by physical therapist
(Behavior)	The PTA will transfer the patient from wheelchair or cart to treatment table, chair, whirlpool, or other specified location
(Conditions)	Without supervision; using appropriate equipment when necessary, e.g., Hoyer lift
(Criteria)	Utilizing sound principles of body mechanics, safety procedures and precautions, transfer procedures and knowledge of patient's disability
(Consequence)	Patient transferred for treatment
(Next Action)	Prepare patient for treatment

KNOWLEDGES AND SKILLS

Patient's disability
Body mechanics for self and patient
Types of transfers
Transfer techniques
Use and operation of transfer equipment, e.g., Hoyer lift
Safety precautions for PTA and patient

Competency: PHYSICAL THERAPY ASSISTANT (PTA)

Unit I: Physical Agents

MODULE 3: PATIENT PREPARATION

TASKS
a. Prepare patient for treatment
b. Position patient for treatment
c. Explain treatment and its effects to patient

PERFORMANCE OBJECTIVE

(Stimulus)	When assigned by the physical therapist
(Behavior)	The PTA will prepare and position the patient for treatment, explaining the treatment and its effects to him
(Conditions)	Without supervision
(Criteria)	PTA prepares and positions patient appropriately for treatment using effective and appropriate communication techniques to instruct patient
(Consequence)	Patient prepared for treatment
(Next Action)	Implement patient treatment

KNOWLEDGES AND SKILLS

Draping and positioning procedures
Patient's disability/limitation
Effective communication techniques
Safety precautions for patient

Competency: PHYSICAL THERAPY ASSISTANT (PTA)

Unit I: Physical Agents

MODULE 4: HYDROTHERAPY

TASKS

a. Modify hydrotherapy treatment according to patient's tolerance
b. Treat patient in whirlpool
c. Give moist air Baker treatment
d. Give contrast bath
e. Administer water additives
f. Disinfect hydrotherapy equipment

PERFORMANCE OBJECTIVE

(Stimulus)	Upon instructions from physical therapist
(Behavior)	The PTA will prepare/give patient hydrotherapy treatment, assist the physical therapist, when requested, with exercise program for patient in Hubbard's tank, clean and disinfect all hydrotherapy equipment after use and return to designated area
(Conditions)	Without direct supervision; using whirlpool, water plinth/stretcher, moist air Baker and contrast bath
(Criteria)	Treatment performed in accordance with patient's tolerance and standard accepted temperature levels; demonstrating empathy and awareness of patient's feeling of dependence
(Consequence)	Improvement in patient's physical condition
(Next Action)	Record patient's objective and subjective response to treatment

KNOWLEDGES AND SKILLS

Physiological and psychological effects of heat and cold
Patient's disability/limitations
Effects of hydrotherapy on patient's condition
Anatomy/physiology
Signs of adverse reaction, e.g., rash, chilling
Safety precautions
Effects of buoyancy during treatment in water
Indications/contraindications for specified treatment
Psychology
Emergency first aid
Treatment techniques and dosage
Use of water additives
Function, operation and maintenance of hydrotherapy equipment, e.g., moist air Baker, water plinth/stretcher, whirlpool, contrast bath
Transfer, positioning and appropriate draping of patient
Techniques for changing dressings

Competency: PHYSICAL THERAPY ASSISTANT (PTA)

Unit I: Physical Agents

MODULE 5: THERAPEUTIC POOL

TASKS

a. Check therapeutic pool air and water temperatures
b. Adjust chlorination for pH of pool water
c. Instruct patient in safety procedures
d. Treat patient in therapeutic pool
e. Drain and clean therapeutic pool
f. Inspect therapeutic pool filtering system
g. Treat patient using walking tank

PERFORMANCE OBJECTIVE

(Stimulus) Upon being assigned to the therapeutic pool/ walking tank

(Behavior) The PTA will maintain the environment, equipment and water, explain the procedure and related safety precautions to the patient, and administer or supervise the prescribed treatment, assisting the patient with the exercise or ambulation program when requested

(Conditions) Without direct supervision

(Consequence) These actions will hasten patient's rehabilitation

(Next Action) Record patient's progress and tolerance

KNOWLEDGES AND SKILLS

Principles and techniques of therapeutic exercise and ambulation
Archimedes' principle
Transfer, positioning and draping techniques
Treatment objectives and progression
Psychological apprehensions of patients
Maintenance of therapeutic pool, environment, water and equipment
Indications and contraindications for treatment in therapeutic pool/walking tank
Safety precautions and procedures
Function and use of equipment
Dosage

Competency: PHYSICAL THERAPY ASSISTANT (PTA)

Unit I: Physical Agents

MODULE 6: CRYOTHERAPY

TASKS
a. Perform surface sensitivity test
b. Give ice massage
c. Give ice pack treatment

PERFORMANCE OBJECTIVE

(Stimulus) Upon receiving a patient for cryotherapy and following administration of a sensitivity test by the physical therapist

(Behavior) The PTA will administer the specified method(s) of cryotherapy, e.g., ice pack, ice towel, ice massage, ice bath

(Conditions) Without direct supervision; using cryotherapy equipment, e.g., ice pack machine, ice collars/pack

(Consequence) This action will constitute the patient's treatment and aid in relief of pain and restoration of functional use of the part treated

(Next Action) Observe, report and record patient's objective and subjective response to the procedure

KNOWLEDGES AND SKILLS

Physiological and psychological effects of cryotherapy
Indications and contraindications for cryotherapy
Objectives of cryotherapy
Appropriate treatment dosages
Recognition of patient's tolerance to cryotherapy
Safety precautions for cryotherapy
Purpose of sensitivity testing
Cryotherapy vs. use of heat
Use and maintenance of cryotherapy equipment, e.g., ice pack machine, ice collars/pack
Cryotherapy principles and techniques, e.g., ice pack, ice towel, ice massage, ice bath
Recognition of listamine reaction

Competency: PHYSICAL THERAPY ASSISTANT (PTA)

Unit I: Physical Agents

MODULE 7: INTERMITTENT CERVICAL AND LUMBAR TRACTION

TASKS
a. Administer intermittent cervical traction
b. Administer intermittent lumbar traction

PERFORMANCE OBJECTIVE

(Stimulus) Upon receiving a patient for intermittent traction
(Behavior) The PTA will administer intermittent cervical and/or lumbar traction
(Conditions) Without direct supervision; using traction equipment, e.g., intermittent traction machine, cervical traction halter, lumbar traction belt
(Criteria) Dosage adjusted according to patient's response within limits indicated by physical therapist or referral instructions
(Consequence) This action will constitute patient's treatment and aid patient's improvement
(Next Action) Record dosage administered and the patient's subjective and objective response to treatment

KNOWLEDGES AND SKILLS

Mechanical effects of traction
Constant vs. intermittent traction
Indications and contraindications for intermittent traction
Recognition of adverse reactions
Progression of treatment
Patient positioning techniques
Safety factors
Preparation of patient
Use and maintenance of traction equipment, e.g., intermittent traction machine, cervical traction halter, lumbar traction belt
Techniques for adjusting dosage

Competency: PHYSICAL THERAPY ASSISTANT (PTA)

Unit I: Physical Agents

MODULE 8: INTERMITTENT COMPRESSION

TASKS
a. Measure extremity girth
b. Give intermittent compression treatment

PERFORMANCE OBJECTIVE

(Stimulus) Upon receiving a patient for intermittent compression
(Behavior) The PTA will set up equipment and administer intermittent compression to the extremities, measuring extremity girth before and after treatment
(Conditions) Without direct supervision; using intermittent compression equipment, e.g., intermittent compression unit and attachments
(Criteria) Treatment administered according to physician's/therapist's specifications for pressure and time and to patient's subjective response
(Consequence) This action will aid in reducing edema
(Next Action) Record measurements and patient's subjective response to treatment

KNOWLEDGES AND SKILLS

Positioning of patient for intermittent compression
Physiological and mechanical effects of intermittent compression
Function, use and maintenance of intermittent compression equipment, e.g., intermittent compression unit and attachments
Indications and contraindications for intermittent compression
Intermittent compression principles and techniques
Techniques of extremity girth measurement
Application of various sleeves
Generally accepted pressure and time dosages
Hygienic and safety factors

Competency: PHYSICAL THERAPY ASSISTANT (PTA)

Unit I: Physical Agents

MODULE 9: SUPERFICIAL HEAT TREATMENT

TASKS
a. Give hot moist pack treatment
b. Give infrared treatment
c. Give paraffin bath treatment

PERFORMANCE OBJECTIVE

(Stimulus) Upon receiving a patient for superficial heat treatment

(Behavior) The PTA will administer the appropriate treatment, e.g., hot moist pack, infrared or paraffin bath treatment

(Conditions) Without direct supervision; using superficial heat treatment equipment, e.g., hot moist pack machine, hot moist packs, goggles, infrared lamp, paraffin bath equipment

(Criteria) According to therapist's instructions and observing proper application techniques, safety precautions, and draping and positioning techniques

(Next Action) Record patient's response to treatment

KNOWLEDGES AND SKILLS

Anatomy and physiology
Physiological effects of heat
Indications and contraindications
Physics related to heat and light
Techniques for application of each modality
Safety precautions
Recognition of adverse reactions to treatment
Standard temperature range
Use, function and maintenance of superficial heat treatment equipment, e.g., hot moist pack machine, hot moist packs, goggles, infrared lamp, paraffin bath equipment
Computation and application of inverse square law

Competency: PHYSICAL THERAPY ASSISTANT (PTA)

Unit I: Physical Agents

MODULE 10: DEEP HEAT TREATMENT

TASKS

a. Instruct patient in normal and abnormal responses during treatment
b. Give microwave diathermy treatment
c. Give constant/pulsating ultrasound treatment
d. Give combination ultrasound and electrical stimulation
e. Give shortwave diathermy treatment

PERFORMANCE OBJECTIVE

(Stimulus)	Upon receiving a patient for deep heat treatment
(Behavior)	The PTA will question the patient for contraindications, instruct patient in the procedure and administer the prescribed deep heat treatment
(Conditions)	Without direct supervision; using related equipment, e.g., microwave diathermy apparatus, shortwave diathermy apparatus, ultrasound machine
(Criteria)	Performed according to prescription, observing all safety factors
(Consequence)	This treatment will aid in relieving pain
(Next Action)	Record patient's progress and tolerance to the procedure

KNOWLEDGES AND SKILLS

Anatomy of the neuromusculoskeletal and circulatory systems
Physiological effects of shortwave, microwave and ultrasound
Principles and techniques of deep heat treatment
Safety precautions and procedures
Indications and contraindications for deep heat treatment
Generally accepted dosage and duration of treatment
Equipment usage, function and maintenance, e.g., microwave diathermy apparatus, ultrasound machine, shortwave diathermy apparatus
Instructional/communication skills

Competency: PHYSICAL THERAPY ASSISTANT (PTA)

Unit I: Physical Agents

MODULE 11: MASSAGE

TASKS

a. Perform facial massage
b. Perform extremity massage
c. Perform trunk massage
d. Perform cervical massage

PERFORMANCE OBJECTIVE

(Stimulus)	Upon receiving a patient for massage
(Behavior)	The PTA will give the indicated massage
(Conditions)	Without supervision; using approved media, e.g., talc powder, oil or lotion for face, extremities or trunk
(Criteria)	According to prescription, using standard accepted strokes, e.g., effleurage, petrissage, friction, tapotement
(Consequence)	The PTA gives the massage to achieve a sedative effect, to stimulate/increase circulation or to relieve muscle spasm
(Next Action)	Record treatment

KNOWLEDGES AND SKILLS

Anatomy of musculoskeletal, circulatory and autonomic nervous systems
Physiological and psychological effects of massage
Proper preparation, positioning and draping of patient
Patient's history--known allergies to lotion or powder
Indications and contraindications
Observation and evaluation of patient's condition before, during and after treatment
Standard massage techniques/strokes, e.g., effleurage, petrissage, friction, tapotement
Types of massage

Competency: PHYSICAL THERAPY ASSISTANT (PTA)

Unit I: Physical Agents

MODULE 12: ELECTRICAL STIMULATION

TASKS
a. Perform electrical stimulation, faradic current
b. Perform electrical stimulation, galvanic current

PERFORMANCE OBJECTIVE

(Stimulus) When instructed by the physical therapist
(Behavior) The PTA will give electrical stimulation treatment to an injured muscle, nerve or group of muscles using the specified current, i.e., faradic or galvanic
(Conditions) With direct supervision; using appropriate equipment, e.g., galvanic, faradic or sinusoidal generator, medcolator, pocket stimulator, chronaxie constant current stimulator
(Next Action) Record treatment given and patient's response to it

KNOWLEDGES AND SKILLS

Neuromusculoskeletal anatomy
Physiological effects of faradic and galvanic current stimulation
Communication techniques
Differences between faradic and galvanic currents
Types of equipment, their therapeutic uses and operation, e.g., galvanic/faradic/sinusoidal generators, medcolator, pocket stimulator, chronaxie constant current stimulator for treatment
Safety precautions
Low frequency current
Recognition of adverse effects of treatment

Competency: PHYSICAL THERAPY ASSISTANT (PTA)

Unit I: Physical Agents

MODULE 13: ULTRAVIOLET TREATMENT

TASKS

a. Explain procedures and safety precautions to patient
b. Drape and position patient according to safety precautions
c. Determine minimal erythemal dosage (MED)
d. Give ultraviolet treatment
e. Maintain ultraviolet equipment

PERFORMANCE OBJECTIVE

(Stimulus)	When directed by the physical therapist
(Behavior)	The PTA will establish an MED for the patient and administer ultraviolet treatment to the specified body part
(Conditions)	With supervision; using appropriate ultraviolet equipment, e.g., stationary, spot, and protective equipment, e.g., goggles
(Criteria)	Observing appropriate safety precautions; administering the prescribed dosage
(Consequence)	The results of this treatment will range from mild erythema to desquamation, according to directions
(Next Action)	Observe and report patient's objective and subjective response to treatment; report adverse reaction immediately to therapist

KNOWLEDGES AND SKILLS

Draping and positioning techniques to expose only the body part to be treated while protecting parts not being treated
Procedures to establish an MED
Operation and maintenance of ultraviolet equipment, e.g., stationary ultraviolet equipment, spot ultraviolet equipment
Hazards of ultraviolet treatment and safety procedures to protect PTA and patient
Use of safety equipment, e.g., goggles, protective coverings

Competency: PHYSICAL THERAPY ASSISTANT (PTA)

Unit I: Physical Agents

MODULE 14: DRESSING WOUNDS

TASKS
a. Dress wound
b. Apply topical ointments
c. Clean and maintain dressing instruments

PERFORMANCE OBJECTIVE

(Stimulus) When directed by the physical therapist to dress a wound

(Behavior) The PTA will set up and maintain a sterile field, apply topical medications, when necessary, and select and apply appropriate dressings

(Conditions) Without direct supervision; using appropriate materials and instruments

(Criteria) Dressing applied properly to allow free circulation, protect the wound and, when possible and desirable, allow freedom of motion to the bandaged part

KNOWLEDGES AND SKILLS

Positioning of body parts to be bandaged
Selection of appropriate dressing materials
Sterile technique
Bandaging procedures to allow freedom of motion
Bandaging procedures to allow freedom of circulation
Bandaging procedures to inhibit motion of part
Topical ointments and procedures for their application
Use and maintenance of dressing instruments
Bandaging to reduce edema

Competency: PHYSICAL THERAPY ASSISTANT (PTA)

COMPETENCY UNIT II: THERAPEUTIC EXERCISE

This unit includes the following modules:

Competency: PHYSICAL THERAPY ASSISTANT (PTA)

Unit II: Therapeutic Exercise

MODULE 1: PATIENT PREPARATION FOR TREATMENT

TASKS

a. Set up equipment/supplies for exercise/programs
b. Assess patient's tolerance of exercise or activity
c. Observe for contractures
d. Modify equipment according to patient's disability
e. Position/hold limbs during treatment

PERFORMANCE OBJECTIVE

(Stimulus) Upon receiving a patient for therapeutic exercise
(Behavior) The PTA will select and set up the equipment and supplies needed, assess the patient's tolerance and limitations, modify the equipment according to the patient's disability, and make suggestions regarding the patient's exercise program
(Conditions) With direct supervision
(Criteria) Modification of care according to patient's responses
(Consequence) These actions will ensure maximum therapeutic effectiveness of the exercise program

KNOWLEDGES AND SKILLS

Equipment and supplies required for various exercises
Physiological effects of exercise
Standard tolerance levels for a patient with a specific disease or disability
Joint and muscle anatomy
Kinesiology
Equipment and care modification
Exercise program progression
Appropriate patient positioning
Body mechanics
Recognition of patient's tolerance and response to treatment

Competency: PHYSICAL THERAPY ASSISTANT (PTA)

Unit II: Therapeutic Exercise

MODULE 2: BASELINE MEASUREMENTS

TASKS

a. Measure muscle girth
b. Assist with measurement of joint motion
c. Measure hand grip and pinch strength
d. Record baseline measurements

PERFORMANCE OBJECTIVE

(Stimulus)	When requested to assist a physical therapist with baseline measurements
(Behavior)	The PTA will accurately measure joints and muscles, determine hand strengths and record results
(Conditions)	With supervision and assistance; using appropriate instruments, e.g., goniometer, dynamometer, and recording forms
(Criteria)	Accurate manipulation of instruments and accurate reading and recording of results
(Consequence)	This information will allow objective reporting of the patient's condition and will provide a basis for comparison when future measurements are taken

KNOWLEDGES AND SKILLS

Procedures to measure muscle girth
Procedures to measure joint motion
Procedures to measure hand grip and pinch strength
Appropriate recording forms
Techniques for assisting with placement, use and reading of goniometer
Types of goniometers
Recording procedures
Function and use of dynamometer

Competency: PHYSICAL THERAPY ASSISTANT (PTA)

Unit II: Therapeutic Exercise

MODULE 3: RANGE OF MOTION EXERCISES

TASKS

a. Give passive range of motion exercises
b. Assist patient in performing active-assistive range of motion exercises
c. Instruct patient in active range of motion exercises
d. Instruct patient in self-stretching activities
e. Modify program according to patient's response

PERFORMANCE OBJECTIVE

(Stimulus) Upon receiving a patient for range of motion exercises

(Behavior) The PTA will assist the physical therapist in determining the type of range of motion exercises to be given and will perform passive ROM, assist patient with active-assistive ROM or instruct patient in active ROM and/or self-stretching activities, as indicated

(Conditions) With direct supervision; using appropriate equipment for active-assistive and active ROM, e.g., bicycle exerciser, finger ladder, shoulder wheel, rowing machine, wand, reciprocal pulley

(Consequence) These actions will constitute the patient's treatment and will maintain or increase joint range of motion

KNOWLEDGES AND SKILLS

Joint anatomy including normal range of motion
Safety precautions
Effects of gravity on patient positioning
Planes and axes of the body
Effects of and how to release spasticity by passive station
Physiological effects of exercise, e.g., cardiorespiratory response
Dangers of contracture
Physiology of contracture
Adaptation/modification of program to patient's needs/abilities
Use of equipment for active-assistive and active ROM, e.g., bicycle exerciser, finger ladder, shoulder wheel, rowing machine, wand, reciprocal pulley
Contraindications and indications of different pathologies
Communication skills
Diagonal pattern range of motion

Competency: PHYSICAL THERAPY ASSISTANT (PTA)

Unit II: Therapeutic Exercise

MODULE 4: STRENGTHENING EXERCISES

TASKS

a. Instruct patient in active-assistive exercises
b. Instruct patient in active exercises
c. Instruct patient in active-resistive exercises
d. Instruct patient in isometric exercises
e. Instruct patient in use of exercise equipment including isokinetic exerciser
f. Modify program according to patient's response

PERFORMANCE OBJECTIVE

(Stimulus) When instructed by the physical therapist

(Behavior) The PTA will aid in determining the muscle strengthening program to be used, instruct the patient in the indicated exercises, observe patient's performance and modify treatment according to patient's response

(Conditions) With direction and occasional supervision; using appropriate exercising equipment

(Consequence) These actions will strengthen the muscles or muscle groups involved

KNOWLEDGES AND SKILLS

Physiology of muscle contraction
Adaptation/modification of program to patient's needs/abilities
Isometric exercise vs. isotonic exercise vs. isokinetic exercise
Purposes, principles, and progression of strengthening programs
Techniques to instruct patient in active-assistive, active, active-resistive exercises which involve isotonic, isometric and isokinetic contractions
Function and use of exercise equipment, e.g., wrist roller, weight lifting equipment, spring exerciser, pull-up bars, Elgin steel frame exercise unit, N-K exercise unit, ankle exerciser, quad bridges (stump blocks), isometric table, isometric machine, isokinetic exercisers
Positioning and variations for various muscle groups
Kinesiology
PRE, weight loading, brief maximal exercise
Indications and contraindications for strengthening exercises
Normal muscular strength expectations
Recognition of signs of fatigue

Competency: PHYSICAL THERAPY ASSISTANT (PTA)

Unit II: Therapeutic Exercise

MODULE 5: RESPIRATORY EXERCISES

TASKS

a. Explain rationale for postural drainage to patient
b. Position/assist patient for postural drainage
c. Give percussion and vibration treatment
d. Instruct patient in coughing and breathing exercises
e. Modify program according to patient's response

PERFORMANCE OBJECTIVE

(Stimulus) Upon receiving a patient for postural drainage
(Behavior) The PTA will explain the purpose of the procedure to the patient, position the patient for postural drainage on the tilt table or in bed, instruct him in coughing and breathing exercises and/or give percussion and vibration treatment
(Conditions) With direction from the physical therapist; using exercising equipment, e.g., tilt table, mechanical pulmonary-assist machinery, suctioning equipment
(Consequence) These actions will assist the patient to cough and generate secretions
(Next Action) Observe, report and record patient's response and tolerance to the procedure

KNOWLEDGES AND SKILLS

Anatomy, especially internal organs
Pulmonary physiology
Principles, objectives and techniques of pulmonary programs and exercises
Use of gravity, percussion, resistance, range of motion and re-education
Indications and contraindications according to pathologies
Sputum/mucous culture techniques
Psychological factors
Use of equipment, e.g., tilt table, mechanical pulmonary-assist machinery, suctioning equipment
Techniques for positioning patient
Techniques for percussion and vibration procedures
Techniques to instruct patient in coughing and deep breathing
Recognition of adverse reactions
Emergency first aid care

Competency: PHYSICAL THERAPY ASSISTANT (PTA)

Unit II: Therapeutic Exercise

MODULE 6: SPECIAL EXERCISE PROGRAMS

TASKS

a. Instruct patient in back exercises, e.g., Williams' regime
b. Instruct patient in coordination exercises, e.g., Frenkel exercise
c. Instruct patient in vascular exercises, e.g., Buerger-Allen
d. Instruct patient in pre- and post-thoracostomy exercises
e. Instruct patient in breathing exercises
f. Instruct patient in prenatal exercises
g. Instruct patient in postpartum exercises
h. Modify program according to patient's response

PERFORMANCE OBJECTIVE

(Stimulus) Upon receiving a patient for a special exercise program

(Behavior) The PTA will explain the purpose of the program and instruct the patient in the appropriate special exercises

(Conditions) With direction

(Consequence) This action is designed to improve the patient's condition and insure that the program is performed accurately without the supervision of the PTA

(Next Action) Record patient's performance and schedule patient for a recheck

KNOWLEDGES AND SKILLS

General principles and purpose of each exercise program
Psychological responses to exercise programs
Physiological effects of exercise
Anatomy of the chest and pelvis
Circulatory physiology
Anatomic and physiologic changes with pregnancy
Techniques of program adaptation to needs and limitations of individual patient
Indications and contraindications for each exercise program
Progression of particular programs
Techniques of demonstration and instruction in special treatment programs

Competency: PHYSICAL THERAPY ASSISTANT (PTA)

Unit II: Therapeutic Exercise

MODULE 7: MUSCLE RE-EDUCATION

TASKS

a. Re-educate muscle groups weakened by disease or injury to the peripheral nervous system
b. Perform muscle re-education following tendon/ muscle transplant
c. Modify patient care according to patient's response

PERFORMANCE OBJECTIVE

(Stimulus) Upon receiving a patient for re-education of a muscle or muscle groups

(Behavior) The PTA will instruct or assist the patient in muscle re-education actively, manually or with mechanical assistance

(Conditions) With supervision

(Consequence) This action will improve the patient's awareness of the involved part and aid in restoring strength to the part

(Next Action) Record patient response to treatment

KNOWLEDGES AND SKILLS

Neuromusculoskeletal system anatomy
Indications and contraindications for muscle re-education exercise
Purposes and goals of muscle re-education
Types of nerve lesions
Types of muscle/tendon transplants
Manual and mechanical assistance techniques for re-education of muscle/muscle groups
Active muscle re-education techniques
Neurophysiology of the peripheral nervous system

Competency: PHYSICAL THERAPY ASSISTANT (PTA)

Unit II: Therapeutic Exercise

MODULE 8: POSTURE TRAINING

TASKS

a. Instruct patient in posture principles
b. Instruct patient in general and specific posture exercises

PERFORMANCE OBJECTIVE

(Stimulus) Upon receiving a patient for general posture exercises and after evaluation by the physical therapist

(Behavior) The PTA, without direct supervision, will instruct the patient in posture principles and general exercises. With direction and supervision, the PTA will also instruct the patient in specific posture exercises

(Consequence) These actions will constitute the patient's treatment and aid in maintaining or restoring proper posture

(Next Action) Record patient's response to instruction and schedule patient for re-check of exercises

KNOWLEDGES AND SKILLS

Normal posture
Basic postural and vertebral durations
Posture terminology
Posture exercises
Identification and application of various braces, splints and corsets
Safe body mechanics
Pathologies of the musculoskeletal system
Indications and contraindications for exercise
Techniques for instruction in posture principles, body mechanics and exercises

Competency: PHYSICAL THERAPY ASSISTANT (PTA)

Unit II: Therapeutic Exercise

MODULE 9: MAT EXERCISES

TASKS

a. Instruct patient in various mat activities, e.g., rolling, crawling, sitting balance, knee walking, mat crutches and group exercises
b. Modify program according to patient's response

PERFORMANCE OBJECTIVE

(Stimulus)	When instructed by the physical therapist
(Behavior)	The PTA will instruct/supervise patient in mat activities
(Conditions)	With remote supervision by the therapist; using large mat, mat crutches and triceps blocks
(Consequence)	Increased coordination, tolerance, function, etc.
(Next Action)	When ready, progress to next step in sequence

KNOWLEDGES AND SKILLS

Anatomy and physiology
Therapeutic mat exercises
Patient's disability/limitations
Instructional techniques
Safety precautions
Pathologies
Developmental sequence of exercise programs
Gait patterns

Competency: PHYSICAL THERAPY ASSISTANT (PTA)

COMPETENCY UNIT III: AMBULATION

This unit includes the following modules:

Competency: PHYSICAL THERAPY ASSISTANT (PTA)

Unit III: Ambulation

MODULE 1: TILT TABLE PROCEDURE

TASKS a. Administer tilt table treatment

PERFORMANCE OBJECTIVE

(Stimulus)	When necessary prior to ambulation training
(Behavior)	The PTA will transfer and position patient on tilt table and administer tilt table treatment
(Conditions)	Without direct supervision; using tilt table, safety equipment (straps, belts, etc.) and vital sign instruments
(Criteria)	Observing all safety precautions; patient must show stable vital signs to begin gait training
(Consequence)	Patient will have enough tolerance of upright position to begin ambulation training
(Next Action)	Begin ambulation training on parallel bars, crutches or walker

KNOWLEDGES AND SKILLS

Physiology of the circulatory system
Emergency procedures for syncope
Patient's condition
Contraindications to treatment
Principles of tilt table procedure
Psychological approach
Techniques to take and interpret vital signs
Techniques to transfer and position patient on tilt table
Recognition of patient's response to treatments
Function and use of related equipment, e.g., tilt table, vital sign instruments, safety equipment (straps, belts, etc.)

Competency: PHYSICAL THERAPY ASSISTANT (PTA)

Unit III: Ambulation

MODULE 2: APPLICATION/REMOVAL AND CARE OF BRACES

TASKS
a. Apply/remove brace
b. Instruct patient in how to apply/remove brace
c. Maintain/adjust/modify splints and braces

PERFORMANCE OBJECTIVE

(Stimulus)	When assigned
(Behavior)	The PTA will instruct and supervise patient on how to apply/remove splint or brace and on maintenance, adjustment and modification of splints and braces
(Conditions)	With remote supervision; using brace or splint, e.g., keystone splints
(Consequence)	Patient able to perform all tasks needed for proper use of splint or brace
(Next Action)	Recheck patient periodically

KNOWLEDGES AND SKILLS

Type of brace or splint being used, e.g., keystone splint/braces
Techniques of application/removal
Patient's disability
Biomechanics of braces/splints
Surface anatomy
Recognition of need for maintenance, adjustment or modification of brace or splint
Protection of skin and clothing
Recognition of pressure areas or other skin infections caused by braces or splints

Competency: PHYSICAL THERAPY ASSISTANT (PTA)

Unit III: Ambulation

MODULE 3: PATIENT PREPARATION FOR AMBULATION TRAINING

TASKS

a. Wrap paralyzed extremities for venous support
b. Adjust parallel bars to correct height
c. Teach patient to balance
d. Fit crutches
e. Fit cane
f. Adjust walker to correct height
g. Recommend temporary shoe lift
h. Place safety belt on patient

PERFORMANCE OBJECTIVE

(Stimulus)	Patient arriving at clinic for ambulation training
(Behavior)	The PTA will prepare the patient for ambulation training, e.g., instruct in balancing activities on parallel bars, adjust crutches/walker/cane to proper length, recommend shoe lift when appropriate, instruct patient in safety precautions for assisted ambulation
(Conditions)	Without direct supervision; using adjustable parallel bars, posture training glass mirror, crutches, cane or walker and safety belt
(Criteria)	Patient must have necessary balance and correct fitting of crutches, cane or walker to complete ambulation training
(Next Action)	Begin instruction in gait training

KNOWLEDGES AND SKILLS

Techniques for application/removal of upper and lower extremity splints
Operation of locking mechanism on upper and lower extremity splints
Function and use of ambulation equipment, e.g., parallel bars, posture training mirror, crutches, cane and walker
Techniques for adjusting crutches or walker
Patient's injury
Contraindications to ambulation training
Safety precautions in assisted ambulation

Competency: PHYSICAL THERAPY ASSISTANT (PTA)

Unit III: Ambulation

MODULE 4: CRUTCH TRAINING

TASKS

a. Teach patient safety precautions
b. Teach patient three-point crutch gait
c. Teach patient four-point crutch gait
d. Teach patient two-point crutch gait
e. Teach patient swing-to or swing-through gait
f. Teach patient in body cast to use crutches
g. Teach patient to use axillary crutches
h. Teach patient to use Lofstrand crutches
i. Teach patient to perform daily activities on crutches

PERFORMANCE OBJECTIVE

(Stimulus) Upon completion of patient's ambulation preparation
(Behavior) The PTA will instruct and supervise patient in use of the prescribed crutch gait and in performing daily activities on crutches
(Conditions) Without direct supervision; using axillary or Lofstrand crutches, safety belt
(Criteria) Observing proper safety techniques
(Consequence) Patient able to perform crutch gait(s) and daily activities, adhering to all safety precautions

KNOWLEDGES AND SKILLS

Techniques for instruction in all crutch gaits using axillary or Lofstrand crutches
Observational techniques to verify that safety precautions and appropriate gait patterns are carried out
Biomechanics of normal gait
Techniques for instruction in daily activities using crutches, e.g., in and out of car, up and down stairs and ramps, on and off toilets, in and out of chairs, through doors
Patient's injury and limitations, including body casts
Degree of weight bearing

Competency: PHYSICAL THERAPY ASSISTANT (PTA)

Unit III: Ambulation

MODULE 5: CANE AND WALKER TRAINING

TASKS

a. Teach patient use of cane on level and non-level surfaces
b. Teach patient use of walker with full weight, partial weight or non-weightbearing gait
c. Teach patient use of cane and walker in standing up and sitting down
d. Teach patient to use walker on curbs

PERFORMANCE OBJECTIVE

(Stimulus) Upon receiving directions for cane or walker training

(Behavior) The PTA will teach patient how to manage cane/walker on level and non-level surfaces and in daily activities

(Conditions) With remote supervision; using canes, walkers, safety belt

(Consequence) Patient able to manage cane/walker safely and to perform daily activities independently

KNOWLEDGES AND SKILLS

Techniques of instructing patient in use of cane/walker on level surfaces and non-level surfaces, e.g., ramps, stairs, curbs, and in standing up and sitting down
Safety precautions for walkers and canes
Techniques of instructing patient in walker gaits with varying degrees of weightbearing

Competency: PHYSICAL THERAPY ASSISTANT (PTA)

COMPETENCY UNIT IV: AMPUTEE REHABILITATION

This unit includes the following modules:

Competency: PHYSICAL THERAPY ASSISTANT (PTA)

Unit IV: Amputee Rehabilitation

MODULE 1: PREPROSTHETIC CARE

TASKS

a. Wrap stump for shape/shrinkage
b. Instruct patient in body and stump positioning
c. Teach patient to wrap stump
d. Teach stump hygiene
e. Teach patient to toughen and mature stump, e.g., tapotement

PERFORMANCE OBJECTIVE

(Stimulus) When instructed by the physical therapist
(Behavior) The PTA will wrap the stump for shaping and shrinking and instruct the patient in stump wrapping. He will also teach the patient body and stump positioning to prevent contractures, good stump hygiene and how to toughen and mature the stump by tapping or slapping
(Conditions) Without direct supervision
(Next Action) Fit prosthesis

KNOWLEDGES AND SKILLS

Psychological impact of amputation
Psychological approach to amputees
Levels of amputations, surgical aspects
Physiology of circulatory, muscular and nervous systems
Anatomy of muscles, joints and surface
Immediate postop fitting of an amputee
Limitations of range of motion, dangers of contracture
Composition of amputee rehabilitation team
Techniques to reassure patient
Principles and techniques of stump wrapping, toughening and conditioning
Instructional techniques

Competency: PHYSICAL THERAPY ASSISTANT (PTA)

Unit IV: Amputee Rehabilitation

MODULE 2: STUMP DYNAMICS

TASKS

a. Instruct and supervise patient in stump dynamics to strengthen muscle groups
b. Instruct and supervise patient in stump dynamics to maintain/increase range of motion

PERFORMANCE OBJECTIVE

(Stimulus)	When instructed by the physical therapist
(Behavior)	The PTA will instruct and supervise a patient in stump dynamics to maintain/increase range of motion and to strengthen various muscle groups
(Conditions)	Without direct supervision
(Criteria)	According to principles of therapeutic exercise
(Consequence)	Patient with full range of motion and normal strength, able to fully utilize prosthesis
(Next Action)	Instruct patient in use and care of prosthesis

KNOWLEDGES AND SKILLS

Goniometry
Physiological effects of exercise
Joint anatomy
Purposes and principles of exercise
Patient's psychological response to exercises
Sequence of exercise and progress of programs through various types of exercise
Levers and consequences of change of length of levers
New kinesthetic sense and afferent input
Balance problems for amputee levels
Indications and contraindications for strengthening muscle groups
Surgical aspects and construction of biceps cineplasty
Techniques to instruct patient in exercise procedures and strengthening routines
Application of manual/equipment methods of stretching
Techniques to support limbs and perform passive and active-assistive range of motion exercises
Techniques to measure excursion of biceps cineplasty

Competency: PHYSICAL THERAPY ASSISTANT (PTA)

Unit IV: Amputee Rehabilitation

MODULE 3: CARE OF PROSTHESIS

TASKS

a. Instruct patient in basic components of prosthesis
b. Instruct patient in care of prosthesis

PERFORMANCE OBJECTIVE

(Stimulus) When a patient is ready for prosthetic training and upon receiving a prosthesis

(Behavior) The PTA will instruct the patient in the basic components of the prosthesis and how to care for it. In the case of a lower extremity amputation, the PTA will also instruct patient in use of the pylon

(Conditions) Without direct supervision

(Consequence) A patient familiar with and able to care for his prosthesis, ensuring better acceptance of prosthesis by the patient

(Next Action) Train the patient to put on and remove prosthesis

KNOWLEDGES AND SKILLS

Normal gait kinesiology
Principles and techniques of pylon use
Basic components of prostheses including harnessing and various supports
Construction and fabrication of various prostheses
General care and maintenance of prostheses
Procedures to check for proper fit of prosthesis
Procedures to check for proper alignment of prosthesis
Instructional techniques
Recognition of cause of gait deviations, e.g., fit, alignment, lack of amputee proficiency

Competency: PHYSICAL THERAPY ASSISTANT (PTA)

Unit IV: Amputee Rehabilitation

MODULE 4: PROSTHETIC TRAINING I

TASKS
a. Apply/remove prosthetic appliance
b. Teach patient how to dress with and over prosthesis

PERFORMANCE OBJECTIVE

(Stimulus) After introducing the patient to his prosthesis
(Behavior) The PTA will teach the patient how to put on, align and remove the prosthesis to insure proper functioning
(Conditions) With direct supervision
(Next Action) Continue training

KNOWLEDGES AND SKILLS

Extremity anatomy
Reliefs and bulges in the socket of prosthesis
Various types of sockets
Prosthetic harnessing, supports and attachments
Mechanics of application, removal and alignment of prosthetic devices
Techniques to instruct patient in dressing with and over prosthesis
Recognition of proper prosthetic fit for comfort and safety
Recognition of pressure areas

Competency: PHYSICAL THERAPY ASSISTANT (PTA)

Unit IV: Amputee Rehabilitation

MODULE 5: PROSTHETIC TRAINING II

TASKS a. Reinforce prosthetic training initiated by the physical therapist

PERFORMANCE OBJECTIVE

(Stimulus) After the patient learns the principles of prosthetic application
(Behavior) The PTA will explain the principles and progress of prosthetic training
(Conditions) With direct supervision
(Consequence) Knowledge of these principles will enable the patient to better assess his own progress and achievements
(Next Action) Notify amputee rehabilitation team

KNOWLEDGES AND SKILLS

Gait analysis
Techniques to instruct in sequence of task activities for lower extremity prostheses
Recreational activities and equipment suitable for the prosthetic wearer
Techniques to instruct in operation of prostheses
Observation of pressure areas on skin
Proper fit for comfort and safety

Competency: PHYSICAL THERAPY ASSISTANT (PTA)

COMPETENCY UNIT V: REPORTING AND RECORDING

This unit includes the following module:

Competency: PHYSICAL THERAPY ASSISTANT (PTA)

Unit V: Reporting and Recording

MODULE 1: REPORTING AND RECORDING

TASKS

a. Record objective findings re patient treatment and patient's response to treatment on patient's chart
b. Report findings to supervising therapist at established intervals
c. Report adverse patient response to supervising therapist immediately

PERFORMANCE OBJECTIVE

(Stimulus) Upon completion of patient treatment

(Behavior) The PTA will record findings, treatment given and patient's subjective and objective response in patient's chart. Periodically the PTA will report to the supervising therapist

(Criteria) Concisely and objectively, using proper medical terminology

(Consequence) This will keep the treatment team members informed of the specific treatment approach being used and its results

KNOWLEDGES AND SKILLS

Observational techniques
Recognition of relevant observations
Recording and reporting procedures
Appropriate medical terminology
Selection and use of appropriate forms